

## **Instructions**

### **Maternal and Infant Discharge Summaries Cover Letter C**

M025 (11/01/15) Medical Provider Maternal Discharge Summary Cover Letter C  
I014 (11/01/15) Medical Provider Infant Discharge Summary Cover Letter C

*These instructions are intended to clarify data fields that users have asked about in the past and to provide definitions for other fields to ensure that all users are interpreting them in the same way. If you have any questions about these instructions or think further instructions are needed, please contact Deb Marciniak at [marciniakd1@michigan.gov](mailto:marciniakd1@michigan.gov) or 517 324-8314.*

- Date: Insert the date that the *Discharge Summary* was faxed to the medical care provider. Date should be within 14 days of completing the *Discharge Summary* in the MIHP database.
- Dear: Insert the name of the beneficiary's medical care provider.
- Re: Insert the name of the beneficiary. If the beneficiary is an infant, insert the infant's name; do not insert the name of the caregiver.
- Sincerely: The professional or administrative staff is encouraged to sign here, although signature is optional. If the professional staff signs, credentials are not required.
- MIHP staff: The professional or administrative staff is encouraged to print name here, although this field is optional.
- Agency: Insert MIHP agency name. This is a required field.
- Telephone: Insert agency telephone number. This is a required field.
- Fax: Insert agency fax number. This is a required field.

NOTE: You may want to keep a copy of the fax confirmation sheet in the chart as proof of faxing.